

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

|  |  |   |  |
|--|--|---|--|
| NAME OF COMMITTEE (In Full)<br><b>PHYLLIS SCHLAFLY'S EAGLE PAC</b>   |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00625285 |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on |  | M M M / D D D / Y Y Y Y Y Y<br>10 / 31 / 2016     |  |

|  |             |                       |  |  |  |
|--|-------------|-----------------------|--|--|--|
| Full Name of Payee<br><b>SMPS Consulting LLC</b>                                   |             |                       | Date of Public Distribution/Dissemination<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 31 / 2016   |  |  |
| Mailing Address 2214 Glenridge Lane  |             |                       | Amount<br>105000.00  |  |  |
| City<br>Cummings   | State<br>GA | Zip Code<br>30041     | Transaction ID : SE.4129   |  |  |
| Purpose of Expenditure<br>Production, rental and sending of emails beginning 10/31 |             | Category/<br>Type 004 | Date of Disbursement or Obligation<br>M M M / D D D / Y Y Y Y Y Y<br>09 / 30 / 2016  |  |  |
| Name of Federal Candidate<br>TRUMP, DONALD J., ,                                   |             |                       | <input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____<br><input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____ |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                            |             |                       | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ►  |  |  |

|   |             |                       |  |  |  |
|---|-------------|-----------------------|--|--|--|
| Full Name of Payee<br><b>SMPS Consulting LLC</b>                      |             |                       | Date of Public Distribution/Dissemination<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 31 / 2016   |  |  |
| Mailing Address 2214 Glenridge Lane                                   |             |                       | Amount<br>19957.00   |  |  |
| City<br>Cummings  | State<br>GA | Zip Code<br>30041     | Transaction ID : SE.4134   |  |  |
| Purpose of Expenditure<br>Creation and sending of emails 10/31 - 11/8 |             | Category/<br>Type 004 | Date of Disbursement or Obligation<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 21 / 2016  |  |  |
| Name of Federal Candidate<br>CLINTON, HILLARY CLINTON/K, ,            |             |                       | <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____<br><input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____ |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought               |             |                       | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ►  |  |  |

|  |           |
|--|-----------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►    | 124957.00 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ► |           |
| (c) <b>TOTAL</b> Independent Expenditures..... ►                   |           |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martin, Ed, , ,

[Electronically Filed]

Date

 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2016

Signature